



## Homeschool Day Registration Form

Chieftains Museum/Major Ridge Home  
501 Riverside Parkway  
Rome, GA 30161

### About the Parents:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

### About the Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Terms of Agreement

#### **Participation**

I give permission for my child to participate in all activities as authorized by Chieftains Museum. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Chieftains Museum and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising from participating in selected camp sessions. **Parent's/Guardian's Initials** \_\_\_\_\_

#### **Photo Release**

I furthermore understand Chieftains Museum often takes photographs or videos of participants during its activities or events. I give Chieftains Museum permission to use, without limitation or obligation, photographs or other media that may include the student's image or voice to promote or interpret museum programs.

**Parent's/Guardian's Initials** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**\*The price for this homeschool day is \$2.00/student and \$5.00/adults. Payments can be made the day of the class by cash, check, or card. At least one parent/adult must accompany student during the class.**